Express Mail No.:

EL984897955US

Date Deposited:

04/16/2004

PTO/SB/06 (08-00)
Approved for use through 10/31/2002. OMB 0651-0032
U. S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

PATENT APPLICATION FEE DETERMINATION RECOR									Application or Docket Number 8245.066						
CLAIMS AS FILED - PART I (Column 1) (Column 2)									SMALL ENTITY				OTHER THAN OR SMALL ENTITY		
FOR			NUMBER FILED			NUMBER EXTRA			RA	TE	FEE		RATE	FEE	
	SIC FEE CFR 1.16(a))										\$ <u>0</u>	OR		\$ 770	
TOTAL CLAIMS (37 CFR 1.16(c))			2 minus 20 =			= * 0			x \$ 9	_=	0	OR	x \$ 18 =	0	
INDEPENDENT CLAIMS (37 CFR 1.16(b))			2 minus 3 =			* 0			x 43	_=	0	OR	x 86 =	0	
MU	LTIPLE DEPEN	DENT CL	LAIM PRESENT (37 CFR 1.16)			e(q)) O			+ 14	0 =	0	OR	+ 280 =	0	
* If the difference in column 1 is less then zero, enter "0" in column 2									TOT	AL	0	OR	TOTAL	770	
CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)									SMA	LLE	ENTITY	OR	OTHER T SMALL E		
AMENDMENT A		CLAI REMAI AFTI AMEND	NING ER		NU PREV	GHEST JMBER JOUSLY ID FOR	PRESENT EXTRA		RA'	ГЕ	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
ZDN	Total (37 CFR 1.16(c))	*		Minus	** 2	0	= 0		x \$_9	_=	0	OR	x \$ <u>18</u> =	0	
ME	Independent (37 CFR 1.16(b))	*		Minus	*** 3		= 0		x 43	_=	0	OR OR	x <u>86</u> =	0	
٩	FIRST PRES	ENTATIO	ON OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))					+ 140	)=	0	OR	+ 280 =	0		
(Column 1) (Column 2) (Column 3)								 A	TOT DDIT. F		0	OR <sub>A</sub>	TOTAL DDIT. FEE	0	
AMENDMENT B		CLAI REMAI AFTI AMEND	NING ER		NU PREV	GHEST JMBER JOUSLY ID FOR	PRESENT EXTRA		RATE x \$ 9 =	ГЕ	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total (37 CFR 1.16(c))	*			**	•	=	x		0	OR	x \$ <u>18</u> =	0		
	Independent (37 CFR 1.16(b))	*		Minus	***		=		x <u>43</u>	_=	0	OR OR	x <u>86</u> =	0	
ď	FIRST PRES	ENTATIO	ON OF MULTIPLE DEPENDE			ONT CLAIM (37 CFR 1.16(d))			+ 140		0	OR	+ 280 =	0	
(Column 1) (Column 2) (Column 3)									TO ADDIT.	TAL FEE	0	OR A	TOTAL DDIT. FEE	0	
AMENDMENT C		CLAI REMAI AFTI AMEND	NING ER		NU PREV	GHEST JMBER /IOUSLY ID FOR	PRESENT EXTRA		RA'	ГЕ	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total (37 CFR 1.16(c))	*		Minus	**		=		x \$_9	_=	0	OR	x \$ <u>18</u> =	0	
	Independent (37 CFR 1.16(b))	*		Minus	***		=		x _43	_=	0	OR OR	x <u>86</u> =	0	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))								+ 14	0 =	0	OR	+ 280 =	0	
	* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".										0	OR <sub>A</sub>	TOTAL DDIT. FEE	0	
*** If	the "Highest Nun e "Highest Numb	nber Previo	usly Paid	For" IN THIS	SPACE	is less than 3	, enter "3".	und in	the appr	opriat	te box in colu	mn 1.			